

Attachments

Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

| | |
|------------------------------------|--|
| (010) Study Area Code | 429031 |
| (015) Study Area Name | Chariton Valley Telecom Corporation |
| (020) Program Year | 2018 |
| (030) Contact Name | Tina Jordan |
| (035) Contact Telephone No | 660-395-9682 |
| (039) Contact Email Address | tjordan@charitonvalley.com |

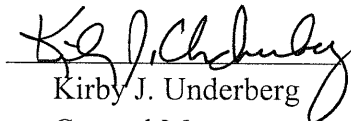
CERTIFICATION

Chariton Valley Telecom Corporation (Chariton Valley) operates as a CLEC in the state of Missouri. Chariton Valley operates under the old Missouri PSC standards and service requirements. As added standards Chariton Valley has many months with no repeat troubles reported monthly, and has Customer Service Representative quality call monitoring and mentoring. Chariton Valley also complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services including voice and broadband. I certify I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with the rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer

Printed Name of Authorized Officer

Title or position of Authorized Officer


Kirby J. Underberg
General Manager

Date 6/26/2017

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

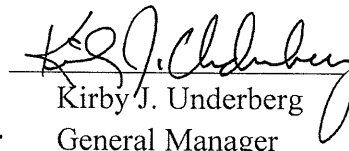
Certification of Officer as to Compliance with Functionality in Emergency Situations

(010) Study Area Code 429031
(015) Study Area Name Chariton Valley Telecom Corporation
(020) Program Year 2018
(030) Contact Name Tina Jordan
(035) Contact Telephone No 660-395-9682
(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telecom Corporation (Chariton Valley) operates in the state of Missouri and adheres to the Provisions in 4 CSR 240 Chapter 34 Emergency Telephone Service Standards. Chariton Valley Telecom Corporation (Chariton Valley) has a reasonable amount of back-up power to ensure functionality without an external power source and is able to reroute traffic around damaged facilities. Chariton Valley is also capable of managing traffic spikes caused from emergency situations. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with the ability to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer**Printed Name of Authorized Officer****Title or position of Authorized Officer**


Kirby J. Underberg
General Manager

Date 6/26/2017

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | | |
|-----------------------|----------------------|----------------------|----------------------|
| $\langle 813 \rangle$ | $\langle a1 \rangle$ | $\langle a2 \rangle$ | $\langle a3 \rangle$ |
|-----------------------|----------------------|----------------------|----------------------|

[illegible]



Chariton Valley Telecom Corporation

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of up to \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit proof of eligibility.

| Eligibility Criteria | |
|--|--|
| Lifeline Program | Disabled Program |
| <input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Veterans and Survivors Pension Benefit <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i> | <input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability |

Lifeline Program – Choose ONE service to apply the discount: *(check with provider for availability)*

☐ Telephone
 ☐ Broadband Internet Access Service ("BIAS")
 ☐ Service Bundle (Phone and BIAS)

| | | | |
|--|--------------------|--|--------------|
| Applicant's Full Name: | Birth Date: | Social Security # (last 4 digits): | DCN:* |
| Name on Voice Service Account <i>(If different from Applicant):</i> | | Customer Contact Telephone Number: | |
| Customer's Full Residential Service Address <i>(no P.O. Boxes):</i> Street: City, Town, Zip: | | Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i> | |
| | | Is this address occupied by multiple households? Yes/No <i>(circle the appropriate response)</i> <i>(If "yes" or if Lifeline program records indicate another person at this address is already receiving a Lifeline Program benefit then you must complete the separate Lifeline Household Worksheet.)</i> | |
| | | Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i> | |

**This number is assigned to program participants of MO HealthNet and Food Stamps.*

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.

Updated 4/3/2017





- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I hereby certify under penalty of perjury that (please initial next to each statement):

- ☐ I meet the eligibility criteria for the Lifeline program or the Disabled program.
- ☐ I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- ☐ If I move to a new address I will provide that new address to my voice service provider within 30 days.
- ☐ If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- ☐ My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- ☐ I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- ☐ I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

| Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size) | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Each add'l person |
| \$16,281 | \$21,924 | \$27,567 | \$33,210 | \$38,853 | \$44,496 | \$50,139 | \$55,782 | + \$5,643/person |

☐ I certify I have ____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

